

## Sample Household Letter to Verify Family Eligibility

[insert date]:

Dear [insert name of parent/guardian]:

We need your help to make sure that your children can keep participating in the School Breakfast Program (SBP) and National School Lunch Program (NSLP). Please send in the information listed below by [insert date] or your children will stop receiving free or reduced price meals.

Children's Names: [insert names of children]

Schools: [insert names of schools]

The SBP and the NSLP provide free and reduced-price meals to children in school whose families qualify for assistance. We know it is difficult for hungry children to learn in school. Many children benefit from this important federally-funded program.

Federal rules require us to review families' applications for the SBP and the NSLP to make sure that only eligible children get free or reduced-price meals. We randomly select a small group of applications to review each year. This year, your application for free and reduced-price meals was randomly selected for review. Being selected for review does not mean that a family did anything wrong.

### WHAT YOU NEED TO DO

You must send the information listed below by [insert date] or your children will stop receiving free or reduced-price meals. If you cannot send the information, you must contact [insert name] by [insert date].

If possible, send copies, not original papers. If you send originals, they will not be sent back to you unless you ask.

1. Were you receiving benefits from SNAP or TFA when you applied for free or reduced-price meals, or at any time since then? ☐ Yes ☐ No

If you answered "YES" then send us a copy of ONE of these:

- The Department of Social Services (DSS) SNAP OR DSS TFA Certification Notice that shows dates of certification.
- Letter from the DSS office that shows dates of certification.
- *Do not send your EBT or ConneCT card.*

2. Is the child a foster child? ☐ Yes ☐ No

If you answered "YES" then

- Send in written documentation that verifies the child is the legal responsibility of the agency or court or provide the name and contact information for a person at the agency or court who can verify that the child is a foster child.

## Sample Household Letter to Verify Family Eligibility, Continued

3. Does anyone in the household receive SNAP or TFA benefits? ☐ Yes ☐ No

If you answered “NO” then

- Send this letter along with papers that show the amount of money your household gets from each source of income. The papers you send must show the name of the person who received the income, the date it was received, how much was received and how often it was received. **Send information to [insert LEA’s name and contact information for the verification contact person]**

4. Please submit proof of one month’s income.

**Timeframe of Acceptable Income Documentation:** You can use the month prior to application, the month you applied, or any month after that. Acceptable papers include ANY of the following:

- Jobs: Paycheck stub or pay envelope that shows the amount and how often pay is received; letter from employer stating gross wages and how often you are paid; or, if you work for yourself, business or farming papers, such as ledger or tax books.
- Social Security, Pensions or Retirement: Social Security retirement benefit letter, statement of benefits received, or pension award notice.
- Unemployment, Disability or Worker’s Comp: Notice of eligibility from state employment security office, check stub or letter from the worker’s compensation office.
- Welfare Payments: Benefit letter from the welfare agency.
- Child Support or Alimony: Court decree, agreement or copies of checks received.
- Other Income (such as Rental Income): Information that shows the amount of income received, how often it is received, and the date received.
- No Income: A brief note explaining how you provide food, clothing and housing for your household, and when you expect an income.
- Military Housing Privatization Initiative: Letter or rental contract showing that your housing is part of the Military Privatized Housing Initiative.

### IF YOU NEED HELP

If you have questions or need help, please call [insert name] at [insert phone number]. The call is free. [Insert toll free or reverse charge explanation]. You may also e-mail us at [insert e-mail address].

Sincerely,

[insert name and title]

## Sample Household Letter to Verify Family Eligibility, Continued

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*Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.*

*To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](#), (AD-3027) found online at: [www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:*

- (1) mail: U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410;*
- (2) fax: (202) 690-7442; or*
- (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov).*

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